

## **APPLICATION FOR REGISTRATION OF PESTICIDES**

Company Name and Address:	Signature of Applicant or designated agent	
	Printed name:	
	IMPORTANT: Signature certification statement is included in the instructions (DEEP-PEST-INST-003).	
Application is hereby made for the registration of pesticides listed on this form and on any attached continuation sheets. <b>Labels</b>	Return To:	
and Safety Data Sheets are included for each product.  Date of application:	PESTICIDES MANAGEMENT PROGRAM DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127	
Phone: E-Mail:	EPA Company Number:	

## **Product Registration List**

Product To Be Registered	EPA Registration Number	Neonicotinoid?* (Must be answered for application to be processed.)	
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No

☐ Check here if additional sheets are necessary. Label and attach them to this sheet.

If completing the form electronically click on "tab" in the far right last cell to add more rows. Copy and paste the format of the last row into new rows added.

Do not forget to include Labels and Safety Data Sheets for each product registered.

<sup>\*</sup> Does this product act selectively on the nicotinic acetylcholine receptors of an organism?